MIDWEST CENTER
FOR HEALTH SERVICES & POLICY RESEARCH

NEWSBRIEF

Career Scientist Award Honors for Dr. Frances Weaver

Congratulations

Dr. Weaver

on a job

well done!!!

MCHSPR is very proud that one of their senior scientists, Frances Weaver, PhD was selected for a VA HSR&D Career Scientist Award. This prestigious award recognizes the careers of outstanding investigators in health services research by providing full salary support for awardees for five years. Dr. Weaver joins only a handful of VA HSR&D investigators who have been selected for this honor.

Dr. Weaver completed her doctoral training in Applied Social Psychology at Loyola University of Chicago in 1987, and her bachelor's degree in Psychology at the State University of New York, Plattsburgh in 1981. Dr. Weaver joined the Hines VA Midwest Center for Health Services and Policy Research in 1983 as a project manager for one of the first HSR&D funded IIR's, the evaluation of the VA's hospital based home care program.

Dr. Weaver's major research interests include patient outcomes and quality of care with a particular interest in neurological diseases. Her other primary interest relates to program evaluation of long term care programs and services. Currently, Dr. Weaver is co-principal investigator of a cooperative trial funded by VA and the National Institute of Neurological Diseases and Stroke to evaluate the outcomes of deep brain stimulation for persons with Parkinson's Disease at 6 VA and 6 university sites. She also leads a national study to improve influenza and pneumococcal vaccine rates in the VA spinal cord injury population. Dr. Weaver is co-principal investigator of a Congressionally mandated study to evaluate three models of provision of all-inclusive long term care to frail elderly veterans.

Dr. Weaver serves as the Deputy Director of the Midwest Center for Health Services and Policy Research COE at Hines, IL; is the Fellowship Director for the HSR&D post-doctoral program at Hines, and is the Research Coordinator of the Spinal Cord Injury Quality Enhancement Research Initiative. She holds the rank of Research Associate Professor at the Institute for Health Services and Policy Research at Northwestern University. She serves as mentor to career development and graduate school level students. Dr. Weaver serves on the editorial board of *Evaluation and the Health Professions* and is a member of the Pharmacy Benefits Management research steering committee.

MCHSPR begins work in COPD

Chronic obstructive pulmonary disease (COPD) is a common chronic disease in the United States and, in 1996, was estimated to affect more than 16 million Americans. Within VA, between 250,000 and 300,000 Veterans are treated annually for COPD and its complications. Because of the large number of Veterans affected by COPD it is important to understand the care and clinical spectrum associated with COPD.
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MCHSPR to Work on Global Burden of Obstructive Lung Disease (BOLD)

COPD is the fourth leading cause of morbidity and mortality in the US and is projected to rank fifth in 2020 as the worldwide burden of disease. Yet COPD fails to receive adequate attention from the health care community and governments. A major problem is the incomplete information about the causes, prevalence and burden of COPD, especially in developing countries, and lack of understanding of the substantial impact of the disease on quality of life, and of its health care costs.

The Burden of Obstructive Lung Disease (BOLD) study is responding to this worldwide lack of understanding of COPD by undertaking an international study of disease burden, treatment variations, and health economic impact. The project is overseen by an international steering committee of experts in pulmonary disease, epidemiology, statistics, and health economics. Dr Sonia Buist of the Oregon Health Sciences University is the overall study P.I. The Study Coordinating Center is being run out of the Center for Health Studies at Kaiser Permenente in Portland. Drs. Kevin Weiss and Todd Lee at MCHSPR will be working with Dr. Sean Sullivan at the University of Washington as the health economic core for the project.

The project is being developed in three phases. Phase one, which is now complete, has been to develop the international protocol. The project is now entering into pilot testing (phase 2). Pilot testing is scheduled for four different countries, including China, several South American countries, the U.S., and Turkey. Dr. Weiss recently attended the training for pilot testing in Guangzhou China; one of several eventual China study sites. Phase three which is slated to begin in 2004 will be a worldwide roll-out of the protocol over several years with the intent of enrolling as many as 30 sites. It is anticipated that knowledge in the prevalence, treatment, and social impact of COPD will lead to a better understanding of the public health importance to this condition.

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Dr. Todd Lee Heads COPD Study

Drs. Todd A. Lee, Kevin Weiss and William van de Graaff from Hines VA have recently received funding for the study "Characterizing the Burden of Chronic Obstructive Pulmonary Disease" from an alliance between Boehringer-Ingelheim and Pfizer.

This study is unique from many studies in COPD in that we will be combining measures of lung function with utilization and health status information.

The objective of the study is to describe the burden of COPD in patients treated at Hines VA Hospital and its associated community based outpatient clinics. Specifically, we will measure the lung function, functional status, health status and disease-specific and overall quality of life in a sample of patients with COPD in order to better characterize the disease. The cross-sectional information on disease severity and health status will be combined with data on the healthcare utilization of these patients in the 12-months before and after their health status assessment. This will provide a cross-sectional assessment of how healthcare utilization is associated with physiological and quality of life measures.

This study is unique from many studies in COPD in that we will be combining measures of lung function with utilization and health status information. The majority of the analyses that assess utilization lack information on physiological measures like lung function whereas clinical studies may not include information on health status and utilization. The objective of this study is to combine both information sources to provide a more complete picture of how these measures are related in COPD. Results from this study will provide pertinent information on the burden of COPD in patients treated in the VA healthcare system and may serve as a model for conducting the study on a larger sample of VA patients.

A New CDC Funded Study on the Impact of Pneumonia Vaccinations on COPD

The Center for Disease Control (CDC) current recommendations for pneumococcal vaccination include patients with chronic pulmonary disease, defined as either chronic obstructive pulmonary disease (COPD) or emphysema, but exclude patients with asthma. However, little evidence exists as to whether patients with asthma should be included in the vaccination recommendations and how the rates of pneumococcal pneumonia in patients with asthma compare to those with COPD. Drs. Todd A. Lee, Fran Weaver, Kevin Weiss and Ramon Durazo from MCHSPR have recently received funding from the CDC for the study "Pneumococcal Pneumonia in VA Patients with Lung Disease" to address these issues.

A New CDC Funded Study...(continued)

The objective of this study is to determine the risk and impact of pneumococcal pneumonia in VA patients with asthma compared to those with COPD and the general population. The specific aims of the project are to: 1) estimate the rate of pneumococcal pneumonia in VA patients with chronic lung disease (asthma and COPD); 2) compare the pneumococcal pneumonia rates among patients with asthma, COPD and the general population; 3) evaluate the pneumococcal pneumonia related healthcare utilization and compare rates among study groups; 4) compare the length of stay and mortality for pneumococcal pneumonia related hospitalizations among groups; and 5) estimate the rate of pneumococcal vaccination in a sample of patients with chronic lung disease and the general population.

The objectives will be accomplished by conducting a retrospective cohort study using national inpatient, outpatient and pharmacy databases. Additionally, a sample of patients will be surveyed regarding their pneumococcal vaccination history and the results compared to estimates of vaccinations from utilization records. Results from this study will provide information as to the risk of pneumococcal pneumonia in patients with asthma and COPD in comparison to the general VA population.

Understanding the Links between ICS and Fractures in Patients with COPD

Inhaled corticosteroids (ICS) may be used in the treatment of patients with chronic obstructive pulmonary disease (COPD) and are now included in treatment guidelines. However, there is concern that long-term users of ICS are at increased risk for developing osteoporosis and experiencing subsequent fractures. This is particularly important in patients with COPD as they are at an increased risk of fractures from their disease state regardless of the treatment they receive. A study being conducted by Drs. Todd A. Lee and Kevin Weiss from MCHSPR will address the issue of whether treatment with ICS further increases the risk of fractures in patients with COPD.

The objective of the study is to evaluate the risk of non-vertebral fractures associated with the use of ICS in patients with COPD that received care in the VA. Using a nested case-control study design, the risk of non-vertebral fractures in COPD patients using ICS will be compared to non-users, controlling for severity of disease and other potentially confounding factors. Additionally, the incidence of fractures in the COPD population will be examined. The results will provide information to providers as to the risk of prescribing ICS to patients with COPD

Dr. Elly Budiman Mak Leads Exercise/Nutrition Program for Pain Control in Overweight Elderly OA

The primary objective of this study is to determine whether the group receiving the exercise and nutritional program will report less pain in the affected knee when compared to the other groups.

Osteoarthritis (OA) is a leading chronic illness among elderly in the U.S. and is a common cause of activity limitation. Seventy-five million people in the U.S. experience joint and muscle pain especially in and around the knee joints that subsequently lead to immobility, weight gain, decreased aerobic capacity and reduced tolerance for activities of daily living. Additionally, obesity is a strong predictor of OA of the knee.

Physical activity is a recommended treatment in the management of OA of the knee. Moderate intensity exercise has a minimal increase in risk of joint damage, improves mobility, reduces pain, improves general health, and prevents further complications related to the progression of OA. Nonetheless, regular exercise is rarely practiced. In our preliminary studies, we found that elderly veterans with OA of the knee had multiple co-morbidities, poor aerobic capacity and were generally physically unfit. After eight weeks of moderate-intensity home-based exercise, peak metabolic response to ascending/descending stairs increased, scores on the Functional Performance Inventory and WOMAC pain subscale improved. Additionally, all subjects were able to follow the training instructions provided and complete the home records as instructed.

The proposed study is a randomized, controlled, clinical trial in subjects with OA of the knee, who have pain and mild or moderate degenerative changes on the radiographs and are overweight. Subjects (n=176) will be recruited from the Hines VA clinics and the CBOC over two years. Those who qualify will be screened and assessed for their ability to participate in the intervention program. Qualified participants will be randomly assigned to one of four groups a) exercise and weight control program, b) exercise only, c) weight control program only and d) usual care. The primary objective is to determine whether the group receiving the exercise and nutritional program will report less pain in the affected knee when compared to the other groups. The secondary objectives are to determine whether this group will report significant improvement in physical function, activities of daily living, strength, body composition, weight loss, and resource utilization in comparison to the other study groups. Unlike the traditional rehabilitation programs, which are entirely supervised and hospital based, the proposed program is a home-based intervention (24 weeks), individualized and intermittently supervised with the majority of exercise conducted at home and in the neighborhood.

Selected Presentations of MCHSPR Faculty at the 2003 HSR&D Annual Meeting

Concurrent Paper Sessions

Thursday, February 13, 2003 (4-5:30 PM)
M. Rosario Ferreira - Race and Education: Hidden Barriers for Colorectal Cancer Screening?

Friday, February 14, 2003 (10-11:30 AM)
Kevin Stroupe - VA, Medicare, and Dual Use among Veterans with End Stage Renal Disease
Frances Weaver - A Meta-analysis of Studies of Deep Brain Stimulation for Persons with Parkinson's Disease

Poster Session

Thursday, February13, 2003 (8 AM- 8 PM)
Sherri LaVela- Influenza Vaccination Rates in VA SCI Health Care Workers
Ahsan Arozullah - Low Health Literacy Increases the Risk of Preventable Hospital Admission
Jorge Parada - Private vs. Public: Insurance Effects on Outcomes and Resource Utilization in HIV- Related Pneumonia
June Lee, **Charles Bennett** - Estimating Out-of-pocket Expenditures for Privately Insured Cancer Patients

Breakfast Breakout Sessions

Friday, February 14, 2003 (7- 8 AM)
Elaine C. Hickey, **Frances M. Weaver,** Marsha E. Goodwin, Susan Hedricks, Ann Hendricks, Neil Thakur - Program Evaluation Challenges and Solutions: The Mill Bill Projects

Kendon Conrad - Classical Test Theory vs. Rasch Analysis in Health Services Research

Kevin Weiss, Todd Lee - Developing Pharmacoeconomic Research

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